

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM
 STD. 262 (REV 10/92)

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CLAIMANT'S NAME Ronald L. Diedrich			SSAN OR EMPLOYEE NUMBER* Employee number		DEPARTMENT Department of General Services	
POSITION Director		CBID Exempt	DIVISION OR BUREAU Executive Office			INDEX NUMBER
RESIDENCE ADDRESS Address on File			HEADQUARTERS ADDRESS 707 Third Street, 8th Floor			TELEPHONE NUMBER 916-376-5012
CITY CITY	STATE CA	ZIP CODE	CITY West Sacramento	STATE CA	ZIP CODE 95605	

(1) MONTH/YEAR		(3)	(4)	(5)	MEALS		(6)	(7)	TRANSPORTATION		(8)	(9)		
May 2010		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., LT. NIC. RELO. OR DINNER	INCIDENTALS	(A) COST OF TRANS.	(B) TYPE USED SC / PC	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
05/19	8:00	Sacramento to Fresno and return									346	173.00		173.00
05/21	7:30	Sacramento to Redding and return									332	166.00		166.00
05/24	11:00	Sacramento to Irvine			10.00		6.00		PC,A, PC		11	5.50		21.50
05/25	8:00	Irvine to Sacramento			6.00				PC,A, PC	9.00	11	5.50		20.50
SUBTOTALS				6.00	10.00	0.00	6.00	0.00	0.00	9.00	700.00	350.00	0.00	381.00

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$381.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		(12) NORMAL WORK HOURS	
5/19 - Trip to Fresno area to attend ground breaking for Veteran's Home in Fresno		8:00 - 5:00	
5/21 - Trip to Redding area to attend ground breaking for Veteran's Home in Redding		(13) PRIVATE VEHICLE LICENSE NUMBER	
5/24 - To attend CA DVBE Alliance's outreach event where DGS is recognized for its support of DVBEs and present an award to DVBE firm that exemplifies success in state contracting.		3SUA178	
		(14) MILEAGE RATE CLAIMED	
		\$0.50	
		AGENCY ACCOUNTING OFFICE USE ONLY	
		PAID REVOLVING FUND CHECK NUMBER	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.			
CLAIMANT'S SIGNATURE 	DATE 06-2-2010	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES 	(See Item 17 on reverse)		DATE